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Trial record **1 of 1** for: CRAD001AIT12

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Once-a-day Regimen With Everolimus, Low Dose Cyclosporine and Steroids in Comparison With Steroid Withdrawal or Twice a Day Regimen With Everolimus, Low Dose Cyclosporine and Steroids. (EVIDENCE)

This study has been completed.

Sponsor:
Novartis

Information provided by (Responsible Party):
Novartis

ClinicalTrials.gov Identifier:
NCT01023815

First received: December 1, 2009
Last updated: October 11, 2013
Last verified: October 2013
History of Changes

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Results First Received: July 4, 2013

Study Type:	Interventional
Study Design:	Allocation: Randomized; Intervention Model: Parallel Assignment; Masking: Open Label; Primary Purpose: Prevention
Conditions:	de Novo Kidney Transplant Recipients Renal Transplantation
Interventions:	Drug: everolimus Drug: cyclosporine Drug: Prednison (continuous steroids)

Participant Flow

Hide Participant Flow

Recruitment Details

Key information relevant to the recruitment process for the overall study, such as dates of the recruitment period and locations
A total of 332 patients were screened. 330 were pre-randomized, 2 were not. Additionally, 2 pts were not treated which made the safety/ITT population 328. Of the 328, 184 were randomized and 144 were not. Of the 144, 70 dropped before day 90 & 74 completed the pre-rand period but were not randomized because they were not eligible for randomization.

Pre-Assignment Details

Significant events and approaches for the overall study following participant enrollment, but prior to group assignment
During the Pre-randomization Period all patients received the same treatments. At V5 eligible patients were randomized 1:1:1 to one of the treatment arms and entered the Randomized Treatment Period. After Amendment 1 approval, randomization to once-a-day regimen group was stopped and patients were randomized 1:1 to Group B or Group C.

Reporting Groups

	Description
Pre-randomized: Not-randomization Patients (NRP)	At the Baseline visit, performed up to 48 hours after graft reperfusion, eligible patients entered the Pre-Randomization Period and started study drug treatment (D1 = 1st day of everolimus treatment). Not-randomization Patients (NRP) was defined in whom a renal transplantation was

	performed, received at least one dose of study drug (everolimus) but who did not qualify for randomization at Visit 5, Day 90. This group was addressed as "not randomized patients" (NRP)
Randomized: Group A - Once-a-day Regimen	Change in study design (Amendment 1) stopped the randomization into Group A (once-a-day regimen), due to overall slow enrollment rate and shifted all relative objectives from primary/secondary to exploratory, due to small sample size. Everolimus: in patients randomized to Group A before Amend 1 approval, from the day following randomization, the whole daily dose of everolimus was taken in the morning, at the same time of the CsA and steroid dosing. At the Rand+1W visit, the everolimus dose was adjusted to reach and maintain everolimus blood levels between 5 and 8 ng/mL until end of Month 12. Cyclosporine: in patients randomized to Group A before Amend 1 approval, from the day following randomization, the whole cyclosporine daily dose was taken in the morning. The dose was then adjusted to maintain C2 levels between 350 and 700 ng/mL. Prednisone: In patients randomized to Group A before Amend 1 approval, the dose of prednisone was kept stable at 5 mg/day in the morning.
Randomized: Group B - Steroid Withdrawal Group	Everolimus: after randomization the everolimus dose was adjusted, if necessary, to maintain a C0 within 6-10 ng/mL until M12. Cyclosporine: after randomization the cyclosporine dose was adjusted to maintain CsA C2 levels within 300-500 ng/mL until M12. Prednisone: starting from Visit 5 (day 90 ± 28 days), oral prednisone was tapered until complete stop. It was recommended to taper prednisone by 1 mg/week until complete stop in 5 to 6 weeks.
Randomized: Group C - Standard Twice-a-day Group	Everolimus: after randomization the everolimus dose was adjusted, if necessary, in order to maintain a C0 within 6-10 ng/mL until M12. Cyclosporine: after randomization the cyclosporine dose was gradually adjusted to reach and maintain C2 blood levels of 200-450 ng/mL between Month 6 and Month 12. Prednisone: the dose of prednisone was kept stable at 5 mg/day in the morning.

Participant Flow for 2 periods

Period 1: Pre-randomization Period (Day 1 to 90)

	Pre-randomized: Not-randomization Patients (NRP)	Randomized: Group A - Once-a-day Regimen	Randomized: Group B - Steroid Withdrawal Group	Randomized: Group C - Standard Twice-a-day Group
STARTED	328 [1]	0	0	0
COMPLETED	184	0	0	0
NOT COMPLETED	144	0	0	0
Did not meet inclusion criteria	144	0	0	0

[1] Out of 330 enrolled, 2 patients never received everolimus.

Period 2: Randomized Period (Day 90 to Month 12)

	Pre-randomized: Not-randomization Patients (NRP)	Randomized: Group A - Once-a-day Regimen	Randomized: Group B - Steroid Withdrawal Group	Randomized: Group C - Standard Twice-a-day Group
STARTED	0	45 [1]	68	71
COMPLETED	0	42	60	68
NOT COMPLETED	0	3	8	3

Withdrawal by Subject	**0**	**0**	**1**	**1**
Lost to Follow-up	**0**	**1**	**1**	**0**
Administrative Problems	**0**	**1**	**6**	**2**
Graft Loss	**0**	**1**	**0**	**0**

[1] Randomized patients to Group A, B and C are also intent to treat population.

Baseline Characteristics

Hide Baseline Characteristics

Population Description

Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.
Safety Population: The Safety Population (SAF population) includes all patients who signed an informed consent, performed renal transplantation and received at least one dose of study drug (everolimus).

Reporting Groups

	Description
Not Randomized Population (NRP)	At the Baseline visit, performed up to 48 hours after graft reperfusion, eligible patients entered the Pre-Randomization Period and started study drug treatment (D1 = 1st day of everolimus treatment). Not-randomization Patients (NRP) was defined in whom a renal transplantation was performed, received at least one dose of study drug (everolimus) but who did not qualify for randomization at Visit 5, Day 90. This group was addressed as "not randomized patients" (NRP)
Group A - Once-a-day Regimen	Change in study design (Amendment 1) stopped the randomization into Group A (once-a-day regimen), due to overall slow enrollment rate and shifted all relative objectives from primary/secondary to exploratory, due to small sample size. Everolimus: in patients randomized to Group A before Amend 1 approval, from the day following randomization, the whole daily dose of everolimus was taken in the morning, at the same time of the CsA and steroid dosing. At the Rand+1W visit, the everolimus dose was adjusted to reach and maintain everolimus blood levels between 5 and 8 ng/mL until end of Month 12. Cyclosporine: in patients randomized to Group A before Amend 1 approval, from the day following randomization, the whole cyclosporine daily dose was taken in the morning. The dose was then adjusted to maintain C2 levels between 350 and 700 ng/mL. Prednisone: In patients randomized to Group A before Amend 1 approval, the dose of prednisone was kept stable at 5 mg/day in the morning.
Group B - Steroid Withdrawal Group	Everolimus: after randomization the everolimus dose was adjusted, if necessary, to maintain a C0 within 6-10 ng/mL until M12. Cyclosporine: after randomization the cyclosporine dose was adjusted to maintain CsA C2 levels within 300-500 ng/mL until M12. Prednisone: starting from Visit 5 (day 90 ± 28 days), oral prednisone was tapered until complete stop. It was recommended to taper prednisone by 1 mg/week until complete stop in 5 to 6 weeks.
Group C - Standard Twice-a-day Group	Everolimus: after randomization the everolimus dose was adjusted, if necessary, in order to maintain a C0 within 6-10 ng/mL until M12. Cyclosporine: after randomization the cyclosporine dose was gradually adjusted to reach and maintain C2 blood levels of 200-450 ng/mL between Month 6 and Month 12. Prednisone: the dose of prednisone was kept stable at 5 mg/day in the morning.
Total	Total of all reporting groups

Baseline Measures

	Not Randomized Population (NRP)	Group A - Once-a-day Regimen	Group B - Steroid Withdrawal Group	Group C - Standard Twice-a-day Group	Total
Number of Participants [units: participants]	144	45	68	71	328
Age [units: years] Mean (Standard Deviation)	52.9 (11.5)	46.6 (13.7)	48.5 (11.6)	49.2 (13.0)	50.3 (12.3)
Gender [units: participants]					
Female	56	15	22	20	113
Male	88	30	46	51	215
Race/Ethnicity, Customized [units: Participants]					
Caucasian	139	44	68	67	318
Black	3	0	0	1	4
Oriental	1	1	0	0	2
Other	1	0	0	3	4
Smoking Status [units: Participants]					
No	119	41	58	56	274
Yes	16	2	2	2	22
Missing	9	2	8	13	32
BMI [units: kg/m^2] Mean (Standard Deviation)	24.6 (3.4)	24.9 (3.6)	24.1 (3.3)	24.2 (3.6)	24.4 (3.4)
Female reproductive status [units: Participants]					
Childbearing potential with contraceptive protecti	11	8	12	4	35
Surgically sterilised	2	0	2	0	4
Postmenopausal	43	7	8	16	74
Result of HCG pregnancy screen - Negative [units: Participants]					
Negative	10	6	12	4	32
Missing	46	9	10	16	81

Outcome Measures

Hide All Outcome Measures

1. Primary: Treatment Failure Rate [Time Frame: Between randomization (Month 3) and Month 12]

Measure Type	Primary
Measure Title	Treatment Failure Rate
Measure Description	Occurrence or not of treatment failure in each patient. Treatment failure was defined as a composite endpoint of biopsy-proven acute rejection (a biopsy graded IA, IB, IIA, IIB or III according to Banff '97 grading with 2007 update), graft loss, death or lost to follow-up occurring after randomization (V5) and within M12 (V9).

Time Frame	Between randomization (Month 3) and Month 12
Safety Issue	No

Population Description

Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.
ITT population: all randomized pts who received at least one dose of study drug after Visit 5 & have at least one post-baseline assessment of the primary efficacy variable. Change in study design stopped the randomization into Group A, due to overall slow enrollment rate & shifted all relative objectives to exploratory, due to small sample size.

Reporting Groups

	Description
Group A - Once-a-day Regimen	Change in study design (Amendment 1) stopped the randomization into Group A (once-a-day regimen), due to overall slow enrollment rate and shifted all relative objectives from primary/secondary to exploratory, due to small sample size. Everolimus: in patients randomized to Group A before Amend 1 approval, from the day following randomization, the whole daily dose of everolimus was taken in the morning, at the same time of the CsA and steroid dosing. At the Rand+1W visit, the everolimus dose was adjusted to reach and maintain everolimus blood levels between 5 and 8 ng/mL until end of Month 12. Cyclosporine: in patients randomized to Group A before Amend 1 approval, from the day following randomization, the whole cyclosporine daily dose was taken in the morning. The dose was then adjusted to maintain C2 levels between 350 and 700 ng/mL. Prednisone: In patients randomized to Group A before Amend 1 approval, the dose of prednisone was kept stable at 5 mg/day in the morning.
Group B - Steroid Withdrawal Group	Everolimus: after randomization the everolimus dose was adjusted, if necessary, to maintain a C0 within 6-10 ng/mL until M12. Cyclosporine:after randomization the cyclosporine dose was adjusted to maintain CsA C2 levels within 300-500 ng/mL until M12. Prednisone: starting from Visit 5 (day 90 ± 28 days), oral prednisone was tapered until complete stop. It was recommended to taper prednisone by 1 mg/week until complete stop in 5 to 6 weeks.
Group C - Standard Twice-a-day Group	Everolimus: after randomization the everolimus dose was adjusted, if necessary, in order to maintain a C0 within 6-10 ng/mL until M12. Cyclosporine: after randomization the cyclosporine dose was gradually adjusted to reach and maintain C2 blood levels of 200-450 ng/mL between Month 6 and Month 12. Prednisone: the dose of prednisone was kept stable at 5 mg/day in the morning.

Measured Values

	Group A - Once-a-day Regimen	**Group B - Steroid Withdrawal Group**	**Group C - Standard Twice-a-day Group**
Number of Participants Analyzed [units: participants]	**45**	**68**	**71**
Treatment Failure Rate [units: Participants]	**3**	**10**	**2**

No statistical analysis provided for Treatment Failure Rate

2. Secondary: Changes in the Estimated Glomerular Filtration Rate (eGFR) Between Randomization (Month 3) and Month 12 [Time Frame: Month 3 to Month 12]

Measure Type	Secondary

Measure Title	Changes in the Estimated Glomerular Filtration Rate (eGFR) Between Randomization (Month 3) and Month 12
Measure Description	eGFR by Nankivell, in terms of descriptive statistics and change vs randomization visit - to compare the changes in the estimated GFR (Nankivell) between randomization and Month 12 in the steroid withdrawal group (Group B) to the change observed in the standard twice-a-day group (Group C), for non-inferiority
Time Frame	Month 3 to Month 12
Safety Issue	No

Population Description

Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.
ITT population, defined as all randomized patients who received at least one dose of study drug after Visit 5 (Day 90) and have at least one post-baseline assessment of the primary efficacy variable (i.e. treatment failure).

Reporting Groups

	Description
Group B - Steroid Withdrawal Group	Everolimus: after randomization the everolimus dose was adjusted, if necessary, to maintain a C0 within 6-10 ng/mL until M12. Cyclosporine:after randomization the cyclosporine dose was adjusted to maintain CsA C2 levels within 300-500 ng/mL until M12. Prednisone: starting from Visit 5 (day 90 ± 28 days), oral prednisone was tapered until complete stop. It was recommended to taper prednisone by 1 mg/week until complete stop in 5 to 6 weeks.
Group C - Standard Twice-a-day Group	Everolimus: after randomization the everolimus dose was adjusted, if necessary, in order to maintain a C0 within 6-10 ng/mL until M12. Cyclosporine: after randomization the cyclosporine dose was gradually adjusted to reach and maintain C2 blood levels of 200-450 ng/mL between Month 6 and Month 12. Prednisone: the dose of prednisone was kept stable at 5 mg/day in the morning.

Measured Values

	Group B - Steroid Withdrawal Group	**Group C - Standard Twice-a-day Group**
Number of Participants Analyzed [units: participants]	**68**	**71**
Changes in the Estimated Glomerular Filtration Rate (eGFR) Between Randomization (Month 3) and Month 12 [units: mL/min] Mean (Standard Deviation)	**-1.7 (9.5)**	**2.5 (10.6)**

No statistical analysis provided for Changes in the Estimated Glomerular Filtration Rate (eGFR) Between Randomization (Month 3) and Month 12

3. Secondary: Biopsy Proven Acute Rejection (BPAR) Rate Between Randomization and Month 12 [Time Frame: Month 3 to Month 12]

Measure Type	Secondary
Measure Title	Biopsy Proven Acute Rejection (BPAR) Rate Between Randomization and Month 12
Measure Description	Occurrence of BPAR (after randomization) between arm B (steroid withdrawal group) and arm c (standard twice-a-day group). BPAR was defined as a biopsy graded IA, IB, IIA, IIB, or III according to Banff 1997 grading with 2007 update.
Time Frame	Month 3 to Month 12
Safety Issue	No

Population Description

Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.
ITT population, defined as all randomized patients who received at least one dose of study drug after Visit 5 (Day 90) and have at least one post-baseline assessment of the primary efficacy variable (i.e. treatment failure).

Reporting Groups

	Description
Group B - Steroid Withdrawal Group	Everolimus: after randomization the everolimus dose was adjusted, if necessary, to maintain a C0 within 6-10 ng/mL until M12. Cyclosporine:after randomization the cyclosporine dose was adjusted to maintain CsA C2 levels within 300-500 ng/mL until M12. Prednisone: starting from Visit 5 (day 90 ± 28 days), oral prednisone was tapered until complete stop. It was recommended to taper prednisone by 1 mg/week until complete stop in 5 to 6 weeks.
Group C - Standard Twice-a-day Group	Everolimus: after randomization the everolimus dose was adjusted, if necessary, in order to maintain a C0 within 6-10 ng/mL until M12. Cyclosporine: after randomization the cyclosporine dose was gradually adjusted to reach and maintain C2 blood levels of 200-450 ng/mL between Month 6 and Month 12. Prednisone: the dose of prednisone was kept stable at 5 mg/day in the morning.

Measured Values

	Group B - Steroid Withdrawal Group	**Group C - Standard Twice-a-day Group**
Number of Participants Analyzed [units: participants]	**68**	**71**
Biopsy Proven Acute Rejection (BPAR) Rate Between Randomization and Month 12 [units: Participants]	**9**	**2**

No statistical analysis provided for Biopsy Proven Acute Rejection (BPAR) Rate Between Randomization and Month 12

4. Secondary: Number of Participants With Graft and Patient Survival After Randomization [Time Frame: Month 3 to Month 12]

Measure Type	Secondary
Measure Title	Number of Participants With Graft and Patient Survival After Randomization
Measure Description	Graft Survival, calculated from the date of transplantation to the date of irreversible graft failure signified by return to long-term retransplantation or the date of the last follow-up during the period when the transplant was still functioning or to the date of death. Patient survival, calculated from the date of transplantation to the date of death or the date of the last follow-up.
Time Frame	Month 3 to Month 12
Safety Issue	No

Population Description

Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.
ITT population, defined as all randomized patients who received at least one dose of study drug after Visit 5 (Day 90) and have at least one post-baseline assessment of the primary efficacy variable (i.e. treatment failure).

Reporting Groups

	Description
Group B - Steroid Withdrawal Group	Everolimus: after randomization the everolimus dose was adjusted, if necessary, to maintain a C0 within 6-10 ng/mL until M12. Cyclosporine:after randomization the cyclosporine dose was adjusted to maintain CsA C2 levels within 300-500 ng/mL until M12. Prednisone: starting from Visit 5 (day 90 ± 28 days), oral prednisone was tapered until complete stop. It was recommended to taper prednisone by 1 mg/week until complete stop in 5 to 6 weeks.
Group C - Standard Twice-a-day Group	Everolimus: after randomization the everolimus dose was adjusted, if necessary, in order to maintain a C0 within 6-10 ng/mL until M12. Cyclosporine: after randomization the cyclosporine dose was gradually adjusted to reach and maintain C2 blood levels of 200-450 ng/mL between Month 6 and Month 12. Prednisone: the dose of prednisone was kept stable at 5 mg/day in the morning.

Measured Values

	Group B - Steroid Withdrawal Group	Group C - Standard Twice-a-day Group
Number of Participants Analyzed [units: participants]	**68**	**71**
Number of Participants With Graft and Patient Survival After Randomization [units: Participants]	**68**	**71**

No statistical analysis provided for Number of Participants With Graft and Patient Survival After Randomization

5. Secondary: Change in Estimated Creatine Clearance [Time Frame: M3, M12]

Measure Type	Secondary
Measure Title	Change in Estimated Creatine Clearance
Measure Description	At each visit, estimated creatinine clearance was measured in the local laboratory to analyze the evolution of the renal function. The following indirect measures of renal function were computed: estimated creatinine clearance according to Cockcroft and Gault formula and MDRD formula.
Time Frame	M3, M12
Safety Issue	No

Population Description

Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.
ITT population, defined as all randomized patients who received at least one dose of study drug after Visit 5 (Day 90) and have at least one post-baseline assessment of the primary efficacy variable (i.e. treatment failure).

Reporting Groups

	Description
Group B - Steroid Withdrawal Group	Everolimus: after randomization the everolimus dose was adjusted, if necessary, to maintain a C0 within 6-10 ng/mL until M12. Cyclosporine:after randomization the cyclosporine dose was adjusted to maintain CsA C2 levels within 300-500 ng/mL until M12. Prednisone: starting from Visit 5 (day 90 ± 28 days), oral prednisone was tapered until complete stop. It was recommended to taper prednisone by 1 mg/week until complete stop in 5 to 6 weeks.
Group C - Standard Twice-a-day Group	Everolimus: after randomization the everolimus dose was adjusted, if necessary, in order to maintain a C0 within 6-10 ng/mL until M12.

	Cyclosporine: after randomization the cyclosporine dose was gradually adjusted to reach and maintain C2 blood levels of 200-450 ng/mL between Month 6 and Month 12. Prednisone: the dose of prednisone was kept stable at 5 mg/day in the morning.

Measured Values

	Group B - Steroid Withdrawal Group	Group C - Standard Twice-a-day Group
Number of Participants Analyzed [units: participants]	**68**	**71**
Change in Estimated Creatine Clearance [units: mL/min] Mean (Standard Deviation)		
Using Cockcroft and Gault model @ month 3	**64.8 (21.8)**	**63.0 (20.9)**
Using Cockcroft and Gault model @ month 12	**62.3 (21.4)**	**66.9 (24.7)**
Using MDRD-4 formular @ month 3	**57.9 (20.0)**	**58.8 (21.8)**
Using MDRD-4 formular @ month 12	**53.6 (18.9)**	**61.8 (23.1)**

No statistical analysis provided for Change in Estimated Creatine Clearance

6. Secondary: Change in Serum Creatinine [Time Frame: M3, M12]

Measure Type	Secondary
Measure Title	Change in Serum Creatinine
Measure Description	Serum creatinine (a blood measurement) is an important indicator of renal health because it is an easily-measured by-product of muscle metabolism. Measuring serum creatinine is a simple test and it is the most commonly used indicator of renal function.
Time Frame	M3, M12
Safety Issue	No

Population Description

Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.
ITT population, defined as all randomized patients who received at least one dose of study drug after Visit 5 (Day 90) and have at least one post-baseline assessment of the primary efficacy variable (i.e. treatment failure).

Reporting Groups

	Description
Group B - Steroid Withdrawal Group	Everolimus: after randomization the everolimus dose was adjusted, if necessary, to maintain a C0 within 6-10 ng/mL until M12. Cyclosporine:after randomization the cyclosporine dose was adjusted to maintain CsA C2 levels within 300-500 ng/mL until M12. Prednisone: starting from Visit 5 (day 90 ± 28 days), oral prednisone was tapered until complete stop. It was recommended to taper prednisone by 1 mg/week until complete stop in 5 to 6 weeks.
Group C - Standard Twice-a-day Group	Everolimus: after randomization the everolimus dose was adjusted, if necessary, in order to maintain a C0 within 6-10 ng/mL until M12. Cyclosporine: after randomization the cyclosporine dose was gradually adjusted to reach and maintain C2 blood levels of 200-450 ng/mL between Month 6 and Month 12. Prednisone: the dose of prednisone was kept stable at 5 mg/day in the morning.

Measured Values

	Group B - Steroid Withdrawal Group	Group C - Standard Twice-a-day Group
Number of Participants Analyzed [units: participants]	**68**	**71**
Change in Serum Creatinine [units: mg/dL] Mean (Standard Deviation)		
Serum Creatinine @ month 3	**1.4 (0.4)**	**1.4 (0.4)**
Serum Creatinine @ month 12	**1.5 (0.5)**	**1.4 (0.5)**

No statistical analysis provided for Change in Serum Creatinine

Serious Adverse Events

Hide Serious Adverse Events

Time Frame	No text entered.
Additional Description	No text entered.

Reporting Groups

	Description
Not Randomized Population (NRP)	At the Baseline visit, performed up to 48 hours after graft reperfusion, eligible patients entered the Pre-Randomization Period and started study drug treatment (D1 = 1st day of everolimus treatment). This population defined in whom a renal transplantation was performed, received at least one dose of study drug (everolimus) but who did not qualify for randomization at Visit 5, Day 90. This group was addressed as "not randomized patients" (NRP) and described with respect to baseline characteristics, treatment and outcome variables.
Group A - Once-a-day Regimen	Change in study design (Amendment 1) stopped the randomization into Group A (once-a-day regimen), due to overall slow enrollment rate and shifted all relative objectives from primary/secondary to exploratory, due to small sample size. Everolimus: in patients randomized to Group A before Amend 1 approval, from the day following randomization, the whole daily dose of everolimus was taken in the morning, at the same time of the CsA and steroid dosing. At the Rand+1W visit, the everolimus dose was adjusted to reach and maintain everolimus blood levels between 5 and 8 ng/mL until end of Month 12. Cyclosporine: in patients randomized to Group A before Amend 1 approval, from the day following randomization, the whole cyclosporine daily dose was taken in the morning. The dose was then adjusted to maintain C2 levels between 350 and 700 ng/mL. Prednisone: In patients randomized to Group A before Amend 1 approval, the dose of prednisone was kept stable at 5 mg/day in the morning.
Group B - Steroid Withdrawal Group	Everolimus: after randomization the everolimus dose was adjusted, if necessary, to maintain a C0 within 6-10 ng/mL until M12. Cyclosporine:after randomization the cyclosporine dose was adjusted to maintain CsA C2 levels within 300-500 ng/mL until M12. Prednisone: starting from Visit 5 (day 90 ± 28 days), oral prednisone was tapered until complete stop. It was recommended to taper prednisone by 1 mg/week until complete stop in 5 to 6 weeks.
Group C - Standard Twice-a-day Group	Everolimus: after randomization the everolimus dose was adjusted, if necessary, in order to maintain a C0 within 6-10 ng/mL until M12. Cyclosporine: after randomization the cyclosporine dose was gradually adjusted to reach and maintain C2 blood levels of 200-450 ng/mL between Month 6 and Month 12. Prednisone: the dose of prednisone was kept stable at 5 mg/day in the morning.

Serious Adverse Events

	Not Randomized Population (NRP)	Group A - Once-a-day Regimen	Group B - Steroid Withdrawal Group	Group C - Standard Twice-a-day Group
Total, serious adverse events				
# participants affected / at risk	**65/144 (45.14%)**	**18/45 (40.00%)**	**24/68 (35.29%)**	**25/71 (35.21%)**
Blood and lymphatic system disorders				
Anaemia † 1				
# participants affected / at risk	**3/144 (2.08%)**	**0/45 (0.00%)**	**1/68 (1.47%)**	**0/71 (0.00%)**
Leukopenia † 1				
# participants affected / at risk	**2/144 (1.39%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**0/71 (0.00%)**
Pancytopenia † 1				
# participants affected / at risk	**2/144 (1.39%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**0/71 (0.00%)**
Thrombocytopenia † 1				
# participants affected / at risk	**1/144 (0.69%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**0/71 (0.00%)**
Cardiac disorders				
Acute myocardial infarction † 1				
# participants affected / at risk	**1/144 (0.69%)**	**0/45 (0.00%)**	**1/68 (1.47%)**	**0/71 (0.00%)**
Atrial fibrillation † 1				
# participants affected / at risk	**0/144 (0.00%)**	**0/45 (0.00%)**	**1/68 (1.47%)**	**0/71 (0.00%)**
Mitral valve incompetence † 1				
# participants affected / at risk	**1/144 (0.69%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**0/71 (0.00%)**
Supraventricular tachycardia † 1				
# participants affected / at risk	**0/144 (0.00%)**	**0/45 (0.00%)**	**1/68 (1.47%)**	**0/71 (0.00%)**
Gastrointestinal disorders				
Abdominal hernia † 1				
# participants affected / at risk	**0/144 (0.00%)**	**1/45 (2.22%)**	**0/68 (0.00%)**	**0/71 (0.00%)**
Abdominal pain † 1				
# participants affected / at risk	**1/144 (0.69%)**	**1/45 (2.22%)**	**0/68 (0.00%)**	**1/71 (1.41%)**
Diarrhoea † 1				
# participants affected / at risk	**0/144 (0.00%)**	**0/45 (0.00%)**	**1/68 (1.47%)**	**0/71 (0.00%)**
Enteritis † 1				
# participants affected / at risk	**0/144 (0.00%)**	**0/45 (0.00%)**	**1/68 (1.47%)**	**0/71 (0.00%)**
Haematemesis † 1				
# participants affected / at risk	**1/144 (0.69%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**0/71 (0.00%)**
Intestinal obstruction † 1				
# participants affected / at risk	**1/144 (0.69%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**0/71 (0.00%)**
Localised intraabdominal fluid collection † 1				
# participants affected / at risk	**0/144 (0.00%)**	**1/45 (2.22%)**	**0/68 (0.00%)**	**0/71 (0.00%)**
Oesophagitis † 1				
# participants affected / at risk	**1/144 (0.69%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**0/71 (0.00%)**
Subileus † 1				
# participants affected / at risk	**0/144 (0.00%)**	**1/45 (2.22%)**	**0/68 (0.00%)**	**0/71 (0.00%)**
General disorders				

Device occlusion † 1				
# participants affected / at risk	**0/144 (0.00%)**	**0/45 (0.00%)**	**1/68 (1.47%)**	**0/71 (0.00%)**
Hyperpyrexia † 1				
# participants affected / at risk	**0/144 (0.00%)**	**0/45 (0.00%)**	**4/68 (5.88%)**	**0/71 (0.00%)**
Impaired healing † 1				
# participants affected / at risk	**1/144 (0.69%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**0/71 (0.00%)**
Implant site haematoma † 1				
# participants affected / at risk	**1/144 (0.69%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**0/71 (0.00%)**
Oedema † 1				
# participants affected / at risk	**0/144 (0.00%)**	**0/45 (0.00%)**	**1/68 (1.47%)**	**0/71 (0.00%)**
Oedema peripheral † 1				
# participants affected / at risk	**0/144 (0.00%)**	**0/45 (0.00%)**	**1/68 (1.47%)**	**1/71 (1.41%)**
Pyrexia † 1				
# participants affected / at risk	**2/144 (1.39%)**	**2/45 (4.44%)**	**0/68 (0.00%)**	**0/71 (0.00%)**
Hepatobiliary disorders				
Cholecystitis acute † 1				
# participants affected / at risk	**0/144 (0.00%)**	**1/45 (2.22%)**	**0/68 (0.00%)**	**0/71 (0.00%)**
Immune system disorders				
Kidney transplant rejection † 1				
# participants affected / at risk	**2/144 (1.39%)**	**2/45 (4.44%)**	**1/68 (1.47%)**	**1/71 (1.41%)**
Transplant rejection † 1				
# participants affected / at risk	**11/144 (7.64%)**	**0/45 (0.00%)**	**6/68 (8.82%)**	**2/71 (2.82%)**
Infections and infestations				
Abscess † 1				
# participants affected / at risk	**0/144 (0.00%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**1/71 (1.41%)**
BK virus infection † 1				
# participants affected / at risk	**0/144 (0.00%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**1/71 (1.41%)**
Bacterial pyelonephritis † 1				
# participants affected / at risk	**0/144 (0.00%)**	**0/45 (0.00%)**	**1/68 (1.47%)**	**0/71 (0.00%)**
Bronchopneumonia † 1				
# participants affected / at risk	**2/144 (1.39%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**0/71 (0.00%)**
Cytomegalovirus infection † 1				
# participants affected / at risk	**0/144 (0.00%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**1/71 (1.41%)**
Endocarditis † 1				
# participants affected / at risk	**1/144 (0.69%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**0/71 (0.00%)**
Gastroenteritis † 1				
# participants affected / at risk	**0/144 (0.00%)**	**0/45 (0.00%)**	**2/68 (2.94%)**	**2/71 (2.82%)**
H1N1 influenza † 1				
# participants affected / at risk	**0/144 (0.00%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**1/71 (1.41%)**
Human polyomavirus infection † 1				
# participants affected / at risk	**1/144 (0.69%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**0/71 (0.00%)**
Lobar pneumonia † 1				
# participants affected / at risk	**1/144 (0.69%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**0/71 (0.00%)**
Pneumonia † 1				

# participants affected / at risk	0/144 (0.00%)	0/45 (0.00%)	1/68 (1.47%)	2/71 (2.82%)
Pyelonephritis † 1				
# participants affected / at risk	0/144 (0.00%)	0/45 (0.00%)	0/68 (0.00%)	2/71 (2.82%)
Pyelonephritis acute † 1				
# participants affected / at risk	1/144 (0.69%)	1/45 (2.22%)	1/68 (1.47%)	0/71 (0.00%)
Sepsis † 1				
# participants affected / at risk	1/144 (0.69%)	0/45 (0.00%)	1/68 (1.47%)	0/71 (0.00%)
Septic shock † 1				
# participants affected / at risk	1/144 (0.69%)	0/45 (0.00%)	0/68 (0.00%)	0/71 (0.00%)
Urinary tract infection † 1				
# participants affected / at risk	0/144 (0.00%)	2/45 (4.44%)	6/68 (8.82%)	0/71 (0.00%)
Wound infection † 1				
# participants affected / at risk	2/144 (1.39%)	0/45 (0.00%)	0/68 (0.00%)	0/71 (0.00%)
Injury, poisoning and procedural complications				
Complications of transplanted kidney † 1				
# participants affected / at risk	4/144 (2.78%)	1/45 (2.22%)	0/68 (0.00%)	0/71 (0.00%)
Graft loss † 1				
# participants affected / at risk	7/144 (4.86%)	0/45 (0.00%)	0/68 (0.00%)	0/71 (0.00%)
Graft thrombosis † 1				
# participants affected / at risk	1/144 (0.69%)	0/45 (0.00%)	0/68 (0.00%)	0/71 (0.00%)
Perirenal haematoma † 1				
# participants affected / at risk	1/144 (0.69%)	1/45 (2.22%)	0/68 (0.00%)	0/71 (0.00%)
Toxicity to various agents † 1				
# participants affected / at risk	4/144 (2.78%)	0/45 (0.00%)	3/68 (4.41%)	1/71 (1.41%)
Urinary anastomotic leak † 1				
# participants affected / at risk	1/144 (0.69%)	1/45 (2.22%)	0/68 (0.00%)	1/71 (1.41%)
Vascular graft complication † 1				
# participants affected / at risk	1/144 (0.69%)	0/45 (0.00%)	0/68 (0.00%)	0/71 (0.00%)
Investigations				
Blood creatinine increased † 1				
# participants affected / at risk	5/144 (3.47%)	2/45 (4.44%)	5/68 (7.35%)	3/71 (4.23%)
Platelet count decreased † 1				
# participants affected / at risk	1/144 (0.69%)	0/45 (0.00%)	0/68 (0.00%)	0/71 (0.00%)
Metabolism and nutrition disorders				
Dehydration † 1				
# participants affected / at risk	0/144 (0.00%)	0/45 (0.00%)	1/68 (1.47%)	0/71 (0.00%)
Diabetes mellitus † 1				
# participants affected / at risk	0/144 (0.00%)	0/45 (0.00%)	1/68 (1.47%)	0/71 (0.00%)
Musculoskeletal and connective tissue disorders				
Arthralgia † 1				
# participants affected / at risk	1/144 (0.69%)	0/45 (0.00%)	0/68 (0.00%)	1/71 (1.41%)
Osteonecrosis † 1				

# participants affected / at risk	0/144 (0.00%)	1/45 (2.22%)	0/68 (0.00%)	1/71 (1.41%)
Synovial cyst † 1				
# participants affected / at risk	0/144 (0.00%)	1/45 (2.22%)	0/68 (0.00%)	0/71 (0.00%)
Neoplasms benign, malignant and unspecified (incl cysts and polyps)				
Bladder neoplasm † 1				
# participants affected / at risk	0/144 (0.00%)	0/45 (0.00%)	0/68 (0.00%)	1/71 (1.41%)
Renal cancer † 1				
# participants affected / at risk	0/144 (0.00%)	1/45 (2.22%)	0/68 (0.00%)	0/71 (0.00%)
Nervous system disorders				
Syncope † 1				
# participants affected / at risk	0/144 (0.00%)	0/45 (0.00%)	0/68 (0.00%)	1/71 (1.41%)
Psychiatric disorders				
Delirium † 1				
# participants affected / at risk	0/144 (0.00%)	0/45 (0.00%)	1/68 (1.47%)	0/71 (0.00%)
Renal and urinary disorders				
Hydronephrosis † 1				
# participants affected / at risk	2/144 (1.39%)	0/45 (0.00%)	0/68 (0.00%)	0/71 (0.00%)
Oliguria † 1				
# participants affected / at risk	0/144 (0.00%)	0/45 (0.00%)	2/68 (2.94%)	0/71 (0.00%)
Proteinuria † 1				
# participants affected / at risk	1/144 (0.69%)	0/45 (0.00%)	0/68 (0.00%)	0/71 (0.00%)
Renal artery dissection † 1				
# participants affected / at risk	0/144 (0.00%)	0/45 (0.00%)	0/68 (0.00%)	1/71 (1.41%)
Renal artery stenosis † 1				
# participants affected / at risk	3/144 (2.08%)	0/45 (0.00%)	0/68 (0.00%)	0/71 (0.00%)
Renal artery thrombosis † 1				
# participants affected / at risk	1/144 (0.69%)	0/45 (0.00%)	0/68 (0.00%)	0/71 (0.00%)
Renal colic † 1				
# participants affected / at risk	0/144 (0.00%)	0/45 (0.00%)	1/68 (1.47%)	0/71 (0.00%)
Renal cortical necrosis † 1				
# participants affected / at risk	1/144 (0.69%)	0/45 (0.00%)	0/68 (0.00%)	0/71 (0.00%)
Renal failure acute † 1				
# participants affected / at risk	1/144 (0.69%)	0/45 (0.00%)	2/68 (2.94%)	0/71 (0.00%)
Renal impairment † 1				
# participants affected / at risk	5/144 (3.47%)	1/45 (2.22%)	4/68 (5.88%)	6/71 (8.45%)
Renal tubular necrosis † 1				
# participants affected / at risk	3/144 (2.08%)	0/45 (0.00%)	0/68 (0.00%)	0/71 (0.00%)
Renal vein thrombosis † 1				
# participants affected / at risk	2/144 (1.39%)	0/45 (0.00%)	0/68 (0.00%)	0/71 (0.00%)
Ureteral necrosis † 1				
# participants affected / at risk	0/144 (0.00%)	0/45 (0.00%)	0/68 (0.00%)	1/71 (1.41%)
Ureteric dilatation † 1				
# participants affected / at risk	0/144 (0.00%)	1/45 (2.22%)	0/68 (0.00%)	0/71 (0.00%)

Ureteric fistula † 1				
# participants affected / at risk	**1/144 (0.69%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**0/71 (0.00%)**
Ureteric stenosis † 1				
# participants affected / at risk	**1/144 (0.69%)**	**1/45 (2.22%)**	**1/68 (1.47%)**	**0/71 (0.00%)**
Urinary bladder haemorrhage † 1				
# participants affected / at risk	**1/144 (0.69%)**	**1/45 (2.22%)**	**0/68 (0.00%)**	**0/71 (0.00%)**
Urinary fistula † 1				
# participants affected / at risk	**2/144 (1.39%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**0/71 (0.00%)**
Urinary retention † 1				
# participants affected / at risk	**1/144 (0.69%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**1/71 (1.41%)**
Respiratory, thoracic and mediastinal disorders				
Interstitial lung disease † 1				
# participants affected / at risk	**0/144 (0.00%)**	**1/45 (2.22%)**	**0/68 (0.00%)**	**0/71 (0.00%)**
Pneumonitis † 1				
# participants affected / at risk	**0/144 (0.00%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**1/71 (1.41%)**
Surgical and medical procedures				
Bladder operation † 1				
# participants affected / at risk	**0/144 (0.00%)**	**0/45 (0.00%)**	**1/68 (1.47%)**	**0/71 (0.00%)**
Nephrostomy † 1				
# participants affected / at risk	**1/144 (0.69%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**0/71 (0.00%)**
Ureteral stent removal † 1				
# participants affected / at risk	**1/144 (0.69%)**	**1/45 (2.22%)**	**0/68 (0.00%)**	**0/71 (0.00%)**
Urinary tract operation † 1				
# participants affected / at risk	**0/144 (0.00%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**1/71 (1.41%)**
Vascular disorders				
Hypertension † 1				
# participants affected / at risk	**0/144 (0.00%)**	**0/45 (0.00%)**	**1/68 (1.47%)**	**1/71 (1.41%)**
Intra-abdominal haematoma † 1				
# participants affected / at risk	**1/144 (0.69%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**1/71 (1.41%)**
Lymphocele † 1				
# participants affected / at risk	**2/144 (1.39%)**	**3/45 (6.67%)**	**2/68 (2.94%)**	**1/71 (1.41%)**
Lymphorrhoea † 1				
# participants affected / at risk	**1/144 (0.69%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**1/71 (1.41%)**
Pelvic venous thrombosis † 1				
# participants affected / at risk	**0/144 (0.00%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**1/71 (1.41%)**
Thrombophlebitis superficial † 1				
# participants affected / at risk	**0/144 (0.00%)**	**0/45 (0.00%)**	**0/68 (0.00%)**	**1/71 (1.41%)**

† Events were collected by systematic assessment
1 Term from vocabulary, MedDRA

Other Adverse Events

Hide Other Adverse Events

Time Frame	No text entered.
Additional Description	No text entered.

Frequency Threshold

Threshold above which other adverse events are reported	5%

Reporting Groups

	Description
Not Randomized Population (NRP)	At the Baseline visit, performed up to 48 hours after graft reperfusion, eligible patients entered the Pre-Randomization Period and started study drug treatment (D1 = 1st day of everolimus treatment). This population defined in whom a renal transplantation was performed, received at least one dose of study drug (everolimus) but who did not qualify for randomization at Visit 5, Day 90. This group was addressed as "not randomized patients" (NRP) and described with respect to baseline characteristics, treatment and outcome variables.
Group A - Once-a-day Regimen	Change in study design (Amendment 1) stopped the randomization into Group A (once-a-day regimen), due to overall slow enrollment rate and shifted all relative objectives from primary/secondary to exploratory, due to small sample size. Everolimus: in patients randomized to Group A before Amend 1 approval, from the day following randomization, the whole daily dose of everolimus was taken in the morning, at the same time of the CsA and steroid dosing. At the Rand+1W visit, the everolimus dose was adjusted to reach and maintain everolimus blood levels between 5 and 8 ng/mL until end of Month 12. Cyclosporine: in patients randomized to Group A before Amend 1 approval, from the day following randomization, the whole cyclosporine daily dose was taken in the morning. The dose was then adjusted to maintain C2 levels between 350 and 700 ng/mL. Prednisone: In patients randomized to Group A before Amend 1 approval, the dose of prednisone was kept stable at 5 mg/day in the morning.
Group B - Steroid Withdrawal Group	Everolimus: after randomization the everolimus dose was adjusted, if necessary, to maintain a C0 within 6-10 ng/mL until M12. Cyclosporine:after randomization the cyclosporine dose was adjusted to maintain CsA C2 levels within 300-500 ng/mL until M12. Prednisone: starting from Visit 5 (day 90 ± 28 days), oral prednisone was tapered until complete stop. It was recommended to taper prednisone by 1 mg/week until complete stop in 5 to 6 weeks.
Group C - Standard Twice-a-day Group	Everolimus: after randomization the everolimus dose was adjusted, if necessary, in order to maintain a C0 within 6-10 ng/mL until M12. Cyclosporine: after randomization the cyclosporine dose was gradually adjusted to reach and maintain C2 blood levels of 200-450 ng/mL between Month 6 and Month 12. Prednisone: the dose of prednisone was kept stable at 5 mg/day in the morning.

Other Adverse Events

	Not Randomized Population (NRP)	Group A - Once-a-day Regimen	Group B - Steroid Withdrawal Group	Group C - Standard Twice-a-day Group
Total, other (not including serious) adverse events				
# participants affected / at risk	**108/144 (75.00%)**	**35/45 (77.78%)**	**56/68 (82.35%)**	**57/71 (80.28%)**
Blood and lymphatic system disorders				
Anaemia † 1				
# participants affected / at risk	**53/144 (36.81%)**	**10/45 (22.22%)**	**23/68 (33.82%)**	**13/71 (18.31%)**
Leukopenia † 1				

# participants affected / at risk	13/144 (9.03%)	3/45 (6.67%)	5/68 (7.35%)	1/71 (1.41%)
Polycythaemia † 1				
# participants affected / at risk	0/144 (0.00%)	3/45 (6.67%)	3/68 (4.41%)	1/71 (1.41%)
Cardiac disorders				
Atrial fibrillation † 1				
# participants affected / at risk	11/144 (7.64%)	1/45 (2.22%)	0/68 (0.00%)	3/71 (4.23%)
Gastrointestinal disorders				
Abdominal hernia † 1				
# participants affected / at risk	0/144 (0.00%)	3/45 (6.67%)	2/68 (2.94%)	1/71 (1.41%)
Abdominal pain † 1				
# participants affected / at risk	5/144 (3.47%)	4/45 (8.89%)	1/68 (1.47%)	3/71 (4.23%)
Constipation † 1				
# participants affected / at risk	10/144 (6.94%)	1/45 (2.22%)	1/68 (1.47%)	7/71 (9.86%)
Diarrhoea † 1				
# participants affected / at risk	7/144 (4.86%)	3/45 (6.67%)	8/68 (11.76%)	1/71 (1.41%)
Nausea † 1				
# participants affected / at risk	2/144 (1.39%)	3/45 (6.67%)	0/68 (0.00%)	0/71 (0.00%)
General disorders				
Oedema peripheral † 1				
# participants affected / at risk	7/144 (4.86%)	6/45 (13.33%)	16/68 (23.53%)	9/71 (12.68%)
Pyrexia † 1				
# participants affected / at risk	14/144 (9.72%)	2/45 (4.44%)	6/68 (8.82%)	2/71 (2.82%)
Infections and infestations				
Urinary tract infection † 1				
# participants affected / at risk	25/144 (17.36%)	7/45 (15.56%)	14/68 (20.59%)	16/71 (22.54%)
Injury, poisoning and procedural complications				
Complications of transplanted kidney † 1				
# participants affected / at risk	22/144 (15.28%)	7/45 (15.56%)	6/68 (8.82%)	8/71 (11.27%)
Investigations				
Blood creatinine increased † 1				
# participants affected / at risk	6/144 (4.17%)	6/45 (13.33%)	5/68 (7.35%)	3/71 (4.23%)
Metabolism and nutrition disorders				
Acidosis † 1				

# participants affected / at risk	8/144 (5.56%)	0/45 (0.00%)	4/68 (5.88%)	1/71 (1.41%)
Diabetes mellitus † 1				
# participants affected / at risk	5/144 (3.47%)	1/45 (2.22%)	2/68 (2.94%)	6/71 (8.45%)
Fluid retention † 1				
# participants affected / at risk	7/144 (4.86%)	2/45 (4.44%)	4/68 (5.88%)	3/71 (4.23%)
Hypercholesterolaemia † 1				
# participants affected / at risk	8/144 (5.56%)	3/45 (6.67%)	6/68 (8.82%)	7/71 (9.86%)
Hyperkalaemia † 1				
# participants affected / at risk	9/144 (6.25%)	4/45 (8.89%)	4/68 (5.88%)	4/71 (5.63%)
Hyperlipidaemia † 1				
# participants affected / at risk	16/144 (11.11%)	12/45 (26.67%)	20/68 (29.41%)	18/71 (25.35%)
Hyperphosphataemia † 1				
# participants affected / at risk	8/144 (5.56%)	0/45 (0.00%)	1/68 (1.47%)	1/71 (1.41%)
Hypertriglyceridaemia † 1				
# participants affected / at risk	5/144 (3.47%)	2/45 (4.44%)	3/68 (4.41%)	6/71 (8.45%)
Hyperuricaemia † 1				
# participants affected / at risk	15/144 (10.42%)	3/45 (6.67%)	7/68 (10.29%)	3/71 (4.23%)
Hypocalcaemia † 1				
# participants affected / at risk	15/144 (10.42%)	5/45 (11.11%)	7/68 (10.29%)	3/71 (4.23%)
Hypokalaemia † 1				
# participants affected / at risk	18/144 (12.50%)	6/45 (13.33%)	7/68 (10.29%)	6/71 (8.45%)
Musculoskeletal and connective tissue disorders				
Arthralgia † 1				
# participants affected / at risk	2/144 (1.39%)	3/45 (6.67%)	6/68 (8.82%)	2/71 (2.82%)
Myalgia † 1				
# participants affected / at risk	1/144 (0.69%)	0/45 (0.00%)	4/68 (5.88%)	0/71 (0.00%)
Renal and urinary disorders				
Renal impairment † 1				
# participants affected / at risk	15/144 (10.42%)	3/45 (6.67%)	3/68 (4.41%)	3/71 (4.23%)
Renal tubular necrosis † 1				
# participants affected / at risk	8/144 (5.56%)	2/45 (4.44%)	3/68 (4.41%)	2/71 (2.82%)
Vascular disorders				
Hypertension † 1				
# participants affected / at				

risk	**25/144 (17.36%)**	**8/45 (17.78%)**	**11/68 (16.18%)**	**14/71 (19.72%)**
Lymphocele † 1				
# participants affected / at risk	**9/144 (6.25%)**	**5/45 (11.11%)**	**7/68 (10.29%)**	**7/71 (9.86%)**

† Events were collected by systematic assessment
1 Term from vocabulary, MedDRA

Limitations and Caveats

Hide Limitations and Caveats

Limitations of the study, such as early termination leading to small numbers of participants analyzed and technical problems with measurement leading to unreliable or uninterpretable data
No text entered.

More Information

Hide More Information

Certain Agreements:

Principal Investigators are **NOT** employed by the organization sponsoring the study.

There **IS** an agreement between Principal Investigators and the Sponsor (or its agents) that restricts the PI's rights to discuss or publish trial results after the trial is completed.

The agreement is:

☐ The only disclosure restriction on the PI is that the sponsor can review results communications prior to public release and can embargo communications regarding trial results for a period that is **less than or equal to 60 days**. The sponsor cannot require changes to the communication and cannot extend the embargo.

☐ The only disclosure restriction on the PI is that the sponsor can review results communications prior to public release and can embargo communications regarding trial results for a period that is **more than 60 days but less than or equal to 180 days**. The sponsor cannot require changes to the communication and cannot extend the embargo.

Other disclosure agreement that restricts the right of the PI to discuss or publish trial results after the trial is completed.

☑ **Restriction Description:** The terms and conditions of Novartis' agreements with its investigators may vary. However, Novartis does not prohibit any investigator from publishing. Any publications from a single-site are postponed until the publication of the pooled data (i.e., data from all sites) in the clinical trial or disclosure of trial results in their entirety.

Results Point of Contact:

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e-mail: trialandresults.registries@novartis.com

No publications provided

Responsible Party:	Novartis
ClinicalTrials.gov Identifier:	NCT01023815 History of Changes
Other Study ID Numbers:	**CRAD001AIT12**
Study First Received:	December 1, 2009
Results First Received:	July 4, 2013
Last Updated:	October 11, 2013
Health Authority:	Italy: Ethics Committee